	and the state of the state of the	(For use of this form, see		onent agency	is OTSG.)		
1. NAME O	F PROVIDE	R (Last, First, MI)		3. FACILITY			
INSTRUCTIO			TOTAL TERESTIES	TED! Foot	and/or individual mivilege listed movet		
PROVIDER be coded F	R: Enter the	appropriate provider code in the colu es listed, line through and initial any o	mn marked "REQUES criteria/applications th	nat do not app	category and/or individual privilege listed must ly. Your signature is required at the end of		
Section I. O	nce approv	ed, any revisions or corrections to this	s list of privileges wil	I require you t	o submit a new DA Form 5440.		
SUPERVIS	OR: Review	w each category and/or individual priv	ilege coded by the pr	ovider and en	ter the appropriate approval code in the		
column mark	ked "APPRO	VED". This serves as your recomme	ndation to the comm	ander who is	the approval authority. Your overall		
recommenda	ation and sig	gnature are required in Section II of th	is form.		APPROVAL CODES		
1 -	Fully compa	PROVIDER CODES		1 - Approved a	as fully competent		
 Fully competent to perform Modification requested (Justification attached) 				2 - Modification required (Justification noted)			
3 - Supervision requested				3 - Supervision			
		ed due to lack of expertise			ed, insufficient expertise		
5 -	Not request	ed due to lack of facility support			ed, insufficient facility support		
		SECTIO	ON I - CLINICAL PRIV	ILEGES			
Category I.		are as amblenes about house loss states	a the nations. Non	acialists with	little or no residency training but with		
Uncompl experience i	n the care of	ses or problems, that have low risk to if these conditions.	o the patient. Non-sp	ecialists With	little or no residency training but with		
		Category I clinical privileges					
Category II.	Includes C	ategory I.					
Major illn	nesses, injui	ies, conditions or procedures, but wi s, or considerable experience in the ca	th no substantial thre	eat to life. Sig	nificant graduate training in the specialty		
Requested 10 th		s, or considerable experience in the ca	are of the conditions.				
nequested	Approved	Category II clinical privileges					
Category III.	Includes 0	Categories I and II.					
outogory in.		atogonios i and in					
Major illr	nesses, con	ditions, or procedures that carry subst	tantial risk to life. Ex	tensive trainin	g and experience to include completion of a		
certified Neg	phrology tra	ditions, or procedures that carry substining program and board eligibility.	tantial risk to life. Ex	tensive trainin	g and experience to include completion of a		
Major illr certified Nep Requested	phrology tra	ining program and board eligibility.	tantial risk to life. Ex	tensive trainin	g and experience to include completion of a		
certified Ner Requested	phrology tra Approved	ining program and board eligibility. Category III clinical privileges	tantial risk to life. Ex	tensive trainin	g and experience to include completion of a		
Requested Category IV	Approved	ining program and board eligibility. Category III clinical privileges Categories I, II, and III.					
Requested Category IV Unusual	Approved Includes of complex of	category III clinical privileges Categories I, II, and III. or critical diagnosis or treatment with					
Category IV Unusuall	Approved Includes of Approved Approved Approved	category IV clinical privileges Category IV clinical privileges Category IV clinical privileges					
Category IV Unusuall Requested Common Ge	Approved Includes of Approved Approved Approved	category III clinical privileges Categories I, II, and III. or critical diagnosis or treatment with Category IV clinical privileges al Medicine Outpatient Procedures:	serious threat to life.	Board certifie	cation in Nephrology.		
Category IV Unusuall Requested Common Ge The follo	Approved Includes of Approved Approved Approved Approved Approved Approved	ining program and board eligibility. Category III clinical privileges Categories I, II, and III. or critical diagnosis or treatment with Category IV clinical privileges al Medicine Outpatient Procedures: al internal medicine procedures fall with	serious threat to life.	Board certified			
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Category IV Unusuall Requested Common Ge The follo	Approved Includes of Approved Approved Approved Approved Approved Approved	ining program and board eligibility. Category III clinical privileges Categories I, II, and III. or critical diagnosis or treatment with Category IV clinical privileges al Medicine Outpatient Procedures: al internal medicine procedures fall wi Biopsy or other tissue sampli a. Arterial puncture	serious threat to life.	Board certified	cation in Nephrology. sphrologist practicing in ambulatory settings. Special testing with interpretation		
Category IV Unusuall Requested Common Ge The follo	Approved Includes of Approved Approved Approved Approved Approved Approved	Category III clinical privileges Categories I, II, and III. or critical diagnosis or treatment with Category IV clinical privileges al Medicine Outpatient Procedures: al internal medicine procedures fall wi Biopsy or other tissue sampli a. Arterial puncture b. Arthrocentesis & injection	serious threat to life.	Board certified	ephrologist practicing in ambulatory settings. Special testing with interpretation a. Electrocardiogram (EKG)		
Category IV Unusuall Requested Common Ge The follo	Approved Includes of Approved Approved Approved Approved Approved Approved	Category III clinical privileges Categories I, II, and III. or critical diagnosis or treatment with Category IV clinical privileges al Medicine Outpatient Procedures: al internal medicine procedures fall wi Biopsy or other tissue sampli a. Arterial puncture b. Arthrocentesis & injection c. Flexible sigmoidoscopy	serious threat to life.	Board certified	ephrologist practicing in ambulatory settings. Special testing with interpretation a. Electrocardiogram (EKG)		
Category IV Unusuall Requested Common Ge The follo	Approved Includes of Approved Approved Approved Approved Approved Approved	Category III clinical privileges Categories I, II, and III. or critical diagnosis or treatment with Category IV clinical privileges al Medicine Outpatient Procedures: al internal medicine procedures fall wi Biopsy or other tissue sampli a. Arterial puncture b. Arthrocentesis & injection c. Flexible sigmoidoscopy d. Sigmoidoscopic biopsy	serious threat to life.	Board certified	ephrologist practicing in ambulatory settings. Special testing with interpretation a. Electrocardiogram (EKG) b. Expiratory spirometry Other		
Category IV Unusuall Requested Common Ge The follo	Approved Includes of Approved Approved Approved Approved Approved Approved	Category III clinical privileges Categories I, II, and III. or critical diagnosis or treatment with Category IV clinical privileges al Medicine Outpatient Procedures: al internal medicine procedures fall wi Biopsy or other tissue sampli a. Arterial puncture b. Arthrocentesis & injection c. Flexible sigmoidoscopy	serious threat to life.	Board certified	ephrologist practicing in ambulatory settings. Special testing with interpretation a. Electrocardiogram (EKG) b. Expiratory spirometry Other a. Nasogastric (N/G) tube placement		
Category IV Unusuall Requested Common Ge The follo	Approved Includes of Approved Approved Approved Approved Approved Approved	Category III clinical privileges Categories I, II, and III. or critical diagnosis or treatment with Category IV clinical privileges al Medicine Outpatient Procedures: al internal medicine procedures fall wi Biopsy or other tissue sampli a. Arterial puncture b. Arthrocentesis & injection c. Flexible sigmoidoscopy d. Sigmoidoscopic biopsy	serious threat to life.	Board certified	ephrologist practicing in ambulatory settings. Special testing with interpretation a. Electrocardiogram (EKG) b. Expiratory spirometry Other		
Category IV Unusuall Requested Common Ge The follo Requested	Approved Includes of Approved Approved Approved Approved Approved Approved	Category III clinical privileges Categories I, II, and III. or critical diagnosis or treatment with Category IV clinical privileges al Medicine Outpatient Procedures: al internal medicine procedures fall wi Biopsy or other tissue sampli a. Arterial puncture b. Arthrocentesis & injection c. Flexible sigmoidoscopy d. Sigmoidoscopic biopsy	serious threat to life.	Board certified	ephrologist practicing in ambulatory settings. Special testing with interpretation a. Electrocardiogram (EKG) b. Expiratory spirometry Other a. Nasogastric (N/G) tube placement		
Category IV Unusuali Requested Common Ge The follo Requested	Approved Includes of the proved of the prov	ining program and board eligibility. Category III clinical privileges Categories I, II, and III. or critical diagnosis or treatment with Category IV clinical privileges al Medicine Outpatient Procedures: al internal medicine procedures fall wi Biopsy or other tissue sampli a. Arterial puncture b. Arthrocentesis & injection c. Flexible sigmoidoscopy d. Sigmoidoscopic biopsy e. Punch skin biopsy	serious threat to life.	Board certified	ephrologist practicing in ambulatory settings. Special testing with interpretation a. Electrocardiogram (EKG) b. Expiratory spirometry Other a. Nasogastric (N/G) tube placement b. Foley catheter placement		
Category IV Unusuall' Requested Common Ge The follo Requested Additional F	Approved Includes of Approved	ining program and board eligibility. Category III clinical privileges Categories I, II, and III. or critical diagnosis or treatment with Category IV clinical privileges al Medicine Outpatient Procedures: al internal medicine procedures fall wi Biopsy or other tissue sampli a. Arterial puncture b. Arthrocentesis & injection c. Flexible sigmoidoscopy d. Sigmoidoscopic biopsy e. Punch skin biopsy	serious threat to life. Sthin the scope of praing Requeste ologist who rotates a neral internal medicir	Board certified ctice of the need Approved sean Attending the procedures.	ephrologist practicing in ambulatory settings. Special testing with interpretation a. Electrocardiogram (EKG) b. Expiratory spirometry Other a. Nasogastric (N/G) tube placement b. Foley catheter placement g on the inpatient service or who provides		
Category IV Unusuall' Requested Common Ge The follo Requested Additional F	Approved Includes of Approved Approved Approved Approved Approved Approved Approved Approved Approved	ining program and board eligibility. Category III clinical privileges Categories I, II, and III. or critical diagnosis or treatment with Category IV clinical privileges al Medicine Outpatient Procedures: al internal medicine procedures fall wi Biopsy or other tissue sampli a. Arterial puncture b. Arthrocentesis & injection c. Flexible sigmoidoscopy d. Sigmoidoscopic biopsy e. Punch skin biopsy	serious threat to life. Sithin the scope of praing Requeste ologist who rotates a neral internal medicining Requeste	Board certified ctice of the need Approved sean Attending the procedures.	cation in Nephrology. sphrologist practicing in ambulatory settings. Special testing with interpretation a. Electrocardiogram (EKG) b. Expiratory spirometry Other a. Nasogastric (N/G) tube placement b. Foley catheter placement g on the inpatient service or who provides Central Venous Lines		
Category IV Unusuall Requested Common Ge The follo Requested Additional F In additissubspecialty	Approved Includes of Approved Approved Approved Approved Approved Approved Approved Approved Approved	ining program and board eligibility. Category III clinical privileges Categories I, II, and III. or critical diagnosis or treatment with Category IV clinical privileges al Medicine Outpatient Procedures: al internal medicine procedures fall wi Biopsy or other tissue sampli a. Arterial puncture b. Arthrocentesis & injection c. Flexible sigmoidoscopy d. Sigmoidoscopic biopsy e. Punch skin biopsy ove outpatient procedures, the nephreerform and/or supervise additional ge Biopsy or other tissue sampli a. Bone marrow biopsy & aspiration	serious threat to life. Sithin the scope of praing Requeste ologist who rotates a neral internal medicining Requeste	Board certified ctice of the need Approved sean Attending the procedures.	cation in Nephrology. sphrologist practicing in ambulatory settings. Special testing with interpretation a. Electrocardiogram (EKG) b. Expiratory spirometry Other a. Nasogastric (N/G) tube placement b. Foley catheter placement g on the inpatient service or who provides Central Venous Lines a. Femoral vein puncture and cannulation		
Category IV Unusuall Requested Common Ge The follo Requested Additional F In additisubspecialty	Approved Includes of Approved Approved Approved Approved Approved Approved Approved Approved Approved	ining program and board eligibility. Category III clinical privileges Categories I, II, and III. or critical diagnosis or treatment with Category IV clinical privileges al Medicine Outpatient Procedures: al internal medicine procedures fall wi Biopsy or other tissue sampli a. Arterial puncture b. Arthrocentesis & injection c. Flexible sigmoidoscopy d. Sigmoidoscopic biopsy e. Punch skin biopsy ove outpatient procedures, the nephreerform and/or supervise additional ge Biopsy or other tissue sampli a. Bone marrow biopsy & aspiration posterior iliac crest	serious threat to life. Sithin the scope of praing Requeste ologist who rotates a neral internal medicining Requeste	Board certified ctice of the need Approved sean Attending the procedures.	cation in Nephrology. sphrologist practicing in ambulatory settings. Special testing with interpretation a. Electrocardiogram (EKG) b. Expiratory spirometry Other a. Nasogastric (N/G) tube placement b. Foley catheter placement g on the inpatient service or who provides Central Venous Lines		
Category IV Unusuall Requested Common Ge The follo Requested Additional F In additisubspecialty	Approved Includes of Approved Approved Approved Approved Approved Approved Approved Approved Approved	ining program and board eligibility. Category III clinical privileges Categories I, II, and III. Or critical diagnosis or treatment with Category IV clinical privileges III Medicine Outpatient Procedures: III internal medicine procedures fall with Biopsy or other tissue samplia. Arterial puncture b. Arthrocentesis & injection c. Flexible sigmoidoscopy d. Sigmoidoscopic biopsy e. Punch skin biopsy ove outpatient procedures, the nephrateriorm and/or supervise additional ge Biopsy or other tissue samplia. Bone marrow biopsy & aspiration posterior iliac crest b. Abdominal paracentesis	serious threat to life. Sithin the scope of praing Requeste ologist who rotates a neral internal medicining Requeste	Board certified ctice of the need Approved sean Attending the procedures.	ephrologist practicing in ambulatory settings. Special testing with interpretation a. Electrocardiogram (EKG) b. Expiratory spirometry Other a. Nasogastric (N/G) tube placement b. Foley catheter placement g on the inpatient service or who provides Central Venous Lines a. Femoral vein puncture and cannulation b. Internal jugular vein puncture and		
Category IV Unusuall Requested Common Ge The follo Requested Additional F In additisubspecialty	Approved Includes of Approved Approved Approved Approved Approved Approved Approved Approved Approved	ining program and board eligibility. Category III clinical privileges Categories I, II, and III. or critical diagnosis or treatment with Category IV clinical privileges al Medicine Outpatient Procedures: al internal medicine procedures fall wi Biopsy or other tissue sampli a. Arterial puncture b. Arthrocentesis & injection c. Flexible sigmoidoscopy d. Sigmoidoscopic biopsy e. Punch skin biopsy ove outpatient procedures, the nephreerform and/or supervise additional ge Biopsy or other tissue sampli a. Bone marrow biopsy & aspiration posterior iliac crest	serious threat to life. Sithin the scope of praing Requeste ologist who rotates a neral internal medicining Requeste	Board certified ctice of the need Approved sean Attending the procedures.	cation in Nephrology. sphrologist practicing in ambulatory settings. Special testing with interpretation a. Electrocardiogram (EKG) b. Expiratory spirometry Other a. Nasogastric (N/G) tube placement b. Foley catheter placement g on the inpatient service or who provides Central Venous Lines a. Femoral vein puncture and cannulation b. Internal jugular vein puncture and cannulation		

	Procedures:					
Requested	Approved	Common Nephrology Procedures	Requested	Approved		
		a. Arterial puncture and cannulation			g. Percutaneous native	kidney biopsy
		b. Hemodialysis			h. Percutaneous transpl	ant kidney biopsy
· .		c. Hemofiltration/hemoperfusion				
-		d. Peritoneal dialysis				
		e. Therapeutic plasma exchange (plasmapheresis)		H	Special testing wi	th interpretation
		f. Continuous renal replacement therapy (CRRT).			a. Urinalysis	
Emergency	Procedures	Emergency procedures such as pericardioc	entesis arterial	and central	venous lines transvenous	nacemaker insertion
and endotra	acheal intuba	ation may be performed by any physician if h	ne/she is the mos	st skilled pra	actitioner present in a cata	istrophic situation.
Requested		ot normally be considered as part of the "elec	Requested	_	logist.	
	7.4	a. Emergency procedures	Hogocic	прриотос		A STATE OF THE STA
Critical Care		s: With the appropriate training and experien	nce, the nephrolo	gist may be	privileged to perform the	following
Requested	Approved		Requested	Approved		
		a. Pulmonary artery catheter placement and			c. Ventilator manageme	nt
		interpretation				
201414ENIT	<u> </u>	b. Elective cardioversion				
COMMENTS	5					8,
						2
						, i
		SIC	SNATURE OF PRO	OVIDER		DATE (YYYYMMDD)
- Santa				J.1.2		DATE (1.7.7
		The second secon				
		SECTION II - SUPERV	ISOR'S RECOMI	MENDATION	N	
Approva	l as requeste	ed Approval with Modifications	S (Specify below)]	Disapproval (Specify below)	
COMMENTS						
						1 (1) (1) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
DEDARTME	NT/SERVICE	CHIEF (Typed name and title) SIG	SNATURE			DATE (YYYYMMDD)
DEPARTIVILI	NI/SERVICE	CHIEF (Typed name and title)	INATORE			DATE (TTTMMOD)
		SECTION III - CREDENTIALS	COMMITTEE R	ECOMMEND	DATION	
term and the second		The Court of the property of the court of the property of the				
Approval	l as requeste	ed Approval with Modifications	(Specify below)	1	Disapproval (Specify below)	
		Approval with Modifications	(Specify below)]	Disapproval (Specify below)	
		Approval with Modifications	S (Specify below)]	Disapproval (Specify below)	
		ed Approval with Modifications	S (Specify below)]	Disapproval (Specify below)	
		ed Approval with Modifications	S (Specify below)]	Disapproval (Specify below)	
		ed Approval with Modifications	5 (Specify below)]	Disapproval (Specify below)	
		ed Approval with Modifications	5 (Specify below)]	Disapproval (Specify below)	
Approval		ed Approval with Modifications	3 (Specify below)]	Disapproval (Specify below)	
COMMENTS	S]	Disapproval (Specify below)	DATE (YYYYMMDD)
COMMENTS	S		S (Specify below)		Disapproval (Specify below)	DATE (YYYYMMDD)

EVALUATION OF CLINICAL PRIVILEGES - NEPHROLOGY (For use of this form, see AR 40-68; the proponent agency is OTSG.)					
1. NAME OF PROVIDER (Last, First, MI)	2. RANK/GRADE 3. PERIOD OF EVALUATION (YYYYMMDD) FROM TO				
4. DEPARTMENT/SERVICE	5. FACILITY (Name and Address: City/State/ZIP Code)				
INSTRUCTIONS: Evaluation of clinical privileges is based on	the provider's demonstrated patient management abilities				

INSTRUCTIONS: Evaluation of clinical privileges is based on the provider's demonstrated patient management abilities appropriate to this discipline, and his/her competence to perform the various technical skills and procedures indicated below. All privileges applicable to this provider will be evaluated. For procedures listed, line through and initial any criteria/applications that do not apply. The privilege approval code (see corresponding DA Form 5440) will be entered in the left column titled "CODE" for each category or individual privilege. Those with an approval code of "4" or "5" will be marked "Not Applicable". Any rating that is "Unacceptable" must be explained in SECTION II - "COMMENTS". Comments on this evaluation must be taken into consideration as part of the provider's reappraisal/renewal of clinical privileges and appointment/reappointment to the medical staff.

CODE	PRIVILEGE CATEGORY	ACCEPTABLE	UN- ACCEPTABLE	NOT APPLICABLE
	Category I clinical privileges	ACCEPTABLE	ACCEPTABLE	APPLICABLE
	Category II clinical privileges			- n a windows &
	Category III clinical privileges			
	Category IV clinical privileges			
	Common General Internal Medicine Outpatient Procedures:			
	Biopsy or other tissue sampling			
	a. Arterial puncture			
	b. Arthrocentesis & injection			
Spirit Ser	c. Flexible sigmoidoscopy			
	d. Sigmoidoscopic biopsy			
	e. Punch skin biopsy	4		
	Special testing with interpretation			
	a. Electrocardiogram (EKG)			
	b. Expiratory spirometry			
	Other			
	a. Nasogastric (N/G) tube placement			
	b. Foley catheter placement			Licinia (2)
				CONTRACTOR
Of Englishmen	Additional Procedures	A STATE OF SALES		
	Biopsy or other tissue sampling		CONTRACTOR OF THE	
	a. Bone marrow biopsy & aspiration at posterior iliac crest			
	b. Abdominal paracentesis			
	c. Lumbar puncture			
19,000	d. Thoracentesis			
	Central Venous Lines			
	a. Femoral vein puncture and cannulation	1		
	b. Internal jugular vein puncture and cannulation			
	c. Subclavian vein puncture and cannulation			
	[발생하고 , 마이스링, 로르마루(기도, 남, 마하고 나,) [[[[[[[] [[] [[] [[] [[] [[] [[] [[]			

	Common Nephrology Procedures	ACCEPTABLE	UN- ACCEPTABLE	NOT APPLICABLE
	a. Arterial puncture and cannulation		100	711 2107
	b. Hemodialysis			
	c. Hemofiltration/hemoperfusion			
	d. Peritoneal dialysis			1.
	e. Therapeutic plasma exchange (plasmapheresis)			
	f. Continuous renal replacement therapy (CRRT).			
	g. Percutaneous native kidney biopsy			
	h. Percutaneous transplant kidney biopsy			
	Special testing with interpretation			
11	a. Urinalysis		7:20	1.034
	Emergency Procedures			
	a. Emergency procedures			
				22
	Critical Care Procedures			
	a. Pulmonary artery catheter placement and interpretation			
	b. Elective cardioversion			
	c. Ventilator management			
				the second secon
	SECTION II - COMMENTS (Explain any rating that is "Unacceptable	a".)		